DoD Health Services Region 15 TRICARE Latin America & Canada

Claims Processing

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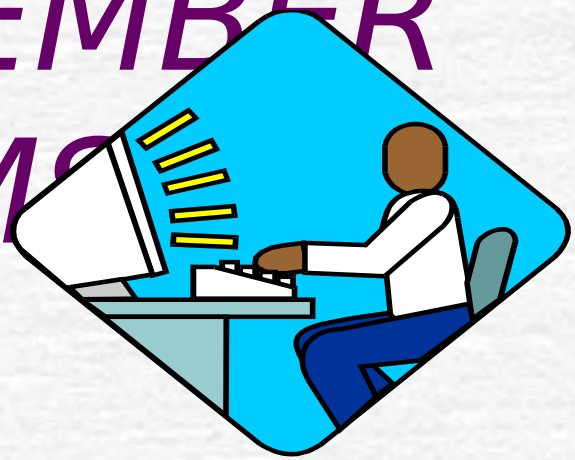
Benefits Service Advisors

TLAC Spring 2003 Conference

ACTIVE DUTY and FAMILY MEMBER CLAIMS



OCONUS Claims

- Using ISOS network providers - no claims filing
- Claims filing required when:
  - Using a non-network provider
  - Pharmacy claims (medication from pharmacy not covered by ISOS)
    - Name of Medication
    - Name of Pharmacy
    - Cost of Medication

Active Duty Claims

- Claims (all branches of service)
  - Complete TLAC Medical Claim/Reimbursement Request
    - Electronic Fund Transfer Election Form
    - Attach claims
    - Submit to TRICARE POC for review
  - Fax to TSO
    - Commercial: 706-787-3024
    - DSN: 773-3024
  - Claims status
    - Call TSO 1-888-777-8343, Option 3

TRICARE Claim Forms

- DD Form 2642
  - Website: www.tricare.osd.mil/claimforms
- DD Form 2527
  - Statement of Personal Injury Possible Third Party Liability
    - Required from WPS for possible accident or injury
    - Website: http://tricare15.army.mil (TRICARE Forms)

Family Member Claims

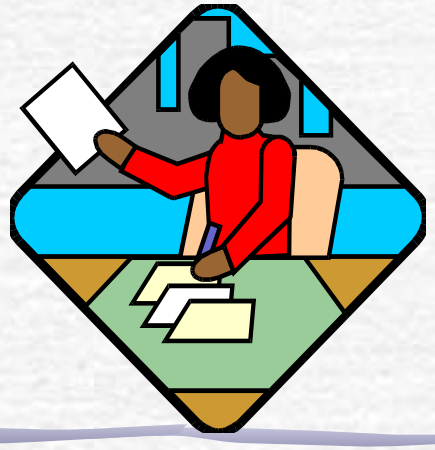
- Outpatient Claims - must be filed within 1 year of date of service
  - Complete CHAMPUS Claim Patient Request for Medical Payment (DD Form 2642)
    - Website: www.tricare.osd.mil/claimforms
- Attach the following (keep copies):
  - Bill that includes:
    - Provider's name and address (letterhead)
    - Date of service
    - Diagnosis
    - Procedure
    - Amount charged for each procedure
  - TRICARE POC fax to WPS
- Claims status
  - Call WPS at 608-301-2310

Family Member Claims

- Inpatient Claims - must be filed within 1 year of date of service
- Complete CHAMPUS Claim Patient Request for Medical Payment (DD Form 2642)
  - Website: www.tricare.osd.mil/claimforms
- Attach the following (keep copies):
  - Bill that includes:
    - Provider's name and address (letterhead)
    - Date of admission and discharge
    - Diagnosis
    - Hospital notes
  - TRICARE POC fax to WPS
- Claims status
  - Call WPS at 608-301-2310

Other Health Insurance

- Claims Filing
  - DD Form 2642
  - Itemized Bill
  - Explanation of Benefits from private insurance company

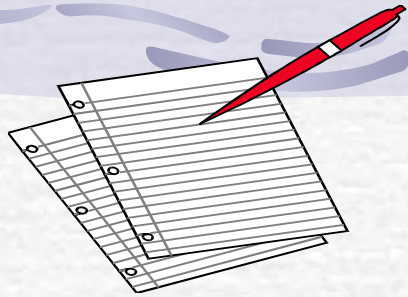


TRICARE Explanation of Benefits (EOB)

- EOB
  - Tells how claim processed
    - Paid?
    - Denied?
  - Sent to patient and provider
- Claim Delay
  - Possible reasons for delay (over 30 days)
    - Claim not readable
    - Eligibility (DEERS)
    - Missing Information
    - Suspect Third Party Liability
    - Other Health Insurance

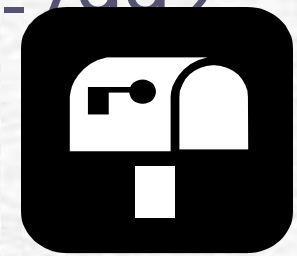
Helpful Hints

- Ensure DD Form 2642 is:
  - Completed
  - Signed by the patient or responsible party
  - All small receipts should be attached to 8 1/2 x 11 paper
  - Include sponsor’s social security number on all pages
  - Ensure claim is readable (circle information - do not highlight)
  - Ensure that all Information is correct
- Send claims for only one beneficiary with DD Form 2642
- Do not send another claim when the first claim has been denied
  - Disagree with EOB - claim must be appealed
    - Instructions for appeal process on back of EOB



Appeal Process

- A written and signed request within 90 days of EOB
- Attach EOB
- Mail to:
  - WPS, PO Box 7992, Madison, WI 53707-7992



Help Contacts

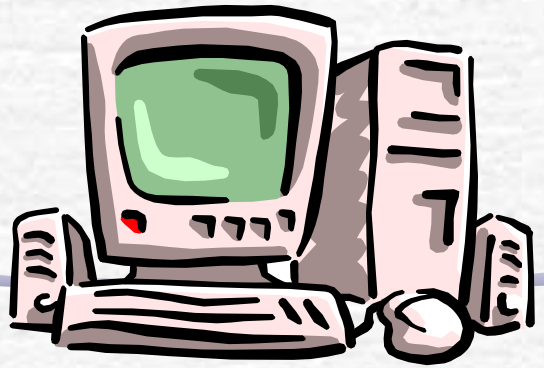
- TRICARE Support Office 888.777.8343, Option #3
  or 706.787.2424 or DSN 773
  http://tricare15.army.mil
- TLAC PCM Call Center 800.834.5514 (toll free) or
  215.701.2800 (call collect)
  http://www.internationalsos.com
- WPS608.301-2310
  http://www.wpsic.com/tricare/
- United Concordia 800.866.8499
  http://ucci.com
- MMSO 888.647.6676, Option #2 , then #1
  http://navymedicine.med.navy.mil/mmso/

Questions?

Contact the TSO at.....

1-706-787-2424

1-706-787-3024



http://tricare15.army.mil